



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E411492**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-816
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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DATE OF COLLISION	03 - 27 - 2015	TIME (2400)	1848	COUNTY #	31	MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
S DAVIES RD		BLOCK NO. <input checked="" type="checkbox"/> 100
		MILE POST <input type="checkbox"/>

DISTANCE		OF (REFERENCE OR CROSS STREET)	
MILES		CHAPEL HILL RD	
FEET			

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4259714218
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LAST NAME	BOSH	FIRST NAME	ROSS	MIDDLE INITIAL	T
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STREET NEW ADDRESS	405 102ND DR SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982581938
------	--------------	----	----	-----	-----------

CDL		RESTRICTIONS	J	ENDORSEMENTS	
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DRIVER'S LICENSE #	BOSH*RT161QM	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	11	-	14	-	1984
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	3	HELMET USE		INJURY CLASS	5	NATURE OF INJURIES	HEAD AND FACIAL
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LICENSE PLATE #	C22989D	STATE	WA	VIN#	1FTFW1EF3EFC73689
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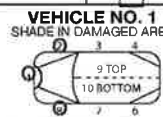
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2014	MAKE	FORD	MODEL	F150	STYLE	CW	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	RESCUE TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ROSS BOSH 405 102ND DR SE LAKE STEVENS WA 982581938 D: 4259714218

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 71654585
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VEHICLE LEGALLY STOPPING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253191167
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LAST NAME	PHILLIPS	FIRST NAME	ATLI	MIDDLE INITIAL	K
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STREET NEW ADDRESS	8200 24TH ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982586428
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	PHILLAK016Q4	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	11	-	24	-	1999
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	6	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	NECK AND BACK SORENESS
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LICENSE PLATE #	728ZKB	STATE	WA	VIN#	1FAHP2EW6AG114896
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	FORD	MODEL	TAU4D	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. PAUL PHILLIPS 8200 24TH ST NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4302-34-28-96
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VEHICLE LEGALLY STOPPING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	C. WELLS #131	BADGE OR ID #	131	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E411492**

CASE # **15-816**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>PHILLIPS SUZIE M</b>																
ADDRESS & PHONE #		<b>8200 24TH ST NE LAKE STEVENS WA 982586428 4253191167</b>										SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>09</b>	<b>26</b>	<b>1974</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>6</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>7</b>	NATURE OF INJURIES <b>NECK AND BACK SORENESS</b>
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>HEGGIE MAKENZIE R</b>																
ADDRESS & PHONE #		<b>821 S LK STEVENS RD LAKE STEVENS WA 98258 4253452629</b>										SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>06</b>	<b>26</b>	<b>1999</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>7</b>	AIRBAG	<b>6</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>7</b>	NATURE OF INJURIES <b>NECK AND BACK</b>
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>KYLANY ADAM P</b>																
ADDRESS & PHONE #		<b>8201 23RD PL NE LAKE STEVENS WA 98258 4255019259</b>										SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>05</b>	<b>12</b>	<b>2000</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>8</b>	AIRBAG	<b>6</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>7</b>	NATURE OF INJURIES <b>BACK AND HIP</b>

NARRATIVE

Unit #1 was turning right onto S Davies Rd from Chappel Hill Rd when his dog jumped out of the open passenger window. Unit #1 Driver (BOSH) leaned over and tried to stop his dog. Unit #1 veared across the center line and hit Unit #2 head on as it was traveling northbound on S Davies Rd approaching the intersection.

Unit #1 was only occupied by BOSH. In the collision he struck the vehicle windshield with his face/head causing an approximately 5 to 6 inch extrusion through the glass. He was transported to the hospital.

Unit #2 had five occupants. The three rear passengers transported to the hospital with possible neck and back injuries.

Both involved vehicles were not drivable and were towed from the scene by Rescue Towing.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**C. WELLS #131**

**03-27-15 10:59 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**ROBERT MINER 095**

**3/27/2015 11:00:47 PM**

BADGE OR ID # **131**

ORI # **WA0311900**

TIME POLICE DISPATCHED **6:48 PM**

TIME POLICE ARRIVED **6:49 PM**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E411492**

CASE # **15-816**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>ABBOTT SHELBE G</b>																
ADDRESS & PHONE #		<b>9324 121 AVE NE LAKE STEVENS WA 98258 5204294014</b>																
SEX		<b>F</b>		D.O.B. MMDDYYYY		<b>12</b>		-		<b>08</b>		-		<b>1999</b>				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>9</b>	AIRBAG	<b>6</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<input type="checkbox"/>	INJURY CLASS	<b>7</b>	NATURE OF INJURIES <b>NECK AND BACK</b>
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE	<input type="checkbox"/>	INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE	<input type="checkbox"/>	INJURY CLASS		NATURE OF INJURIES

NARRATIVE

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I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**C. WELLS #131**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**03-27-15 10:59 PM**

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 095**

DATE

**3/27/2015 11:00:47 PM**

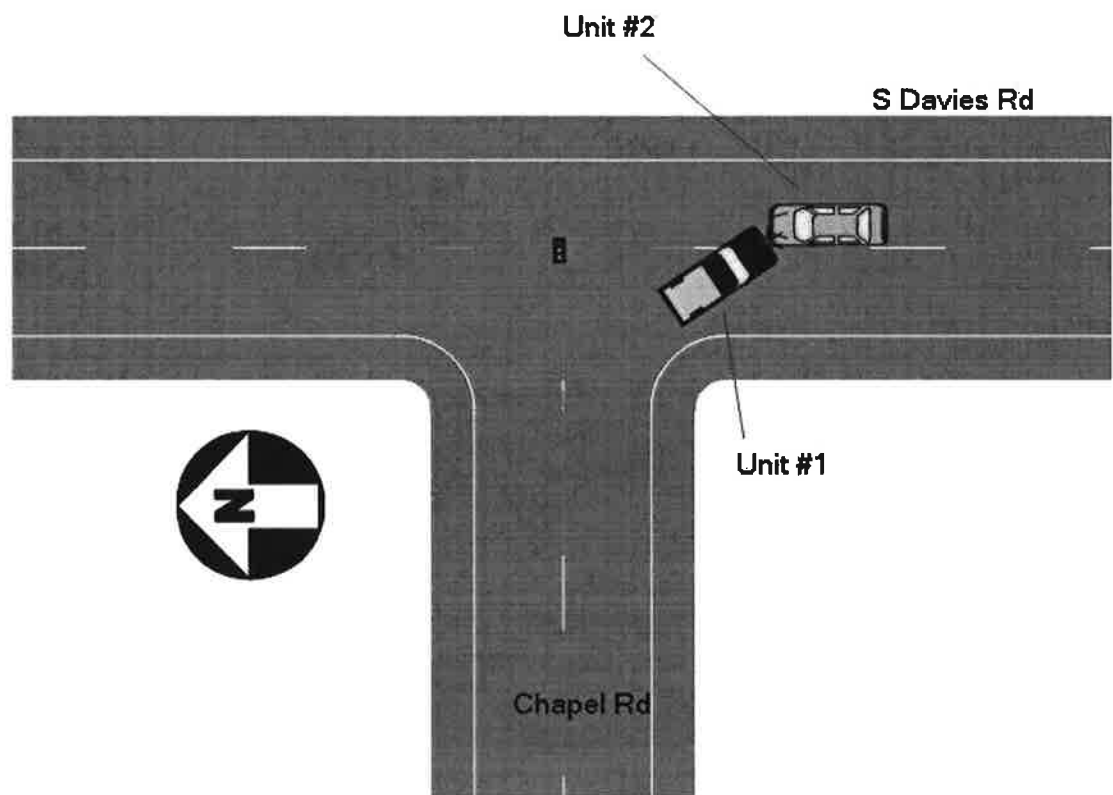
BADGE OR ID # **131**

ORI # **WA0311900**

TIME POLICE DISPATCHED **6:48 PM**

TIME POLICE ARRIVED **6:49 PM**

Not to Scale



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

15-816

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) A+li Kristian Phillips	RACE C	ETH	SEX M	DOB 11/24/99	AGE 15	HGT 5-11	WGT 140	HAIR brn	EYES blue
STREET ADDRESS 8200 24th ST NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425-334-7111		CELL PHONE 425-319-1167		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS A+li-phillips@yahoo.com								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving in my lane about to turn left up chapel hill and a ford F-150 came turning into my lane head on and hit me i had no time to react to the crash. Both of the front ends of the vehicles were crushed. the ford taurus's roof is wrinkled and front driver door is crushed.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: A+li Phillips	DATE SIGNED 3-27-15	LOCATION SIGNED Chapel Hill Road
OFFICER/NUMBER: C. W. Ellis / 131	DATE SIGNED 3/27/15	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-00816

TOW / IMPOUND  
AND INVENTORY RECORD

- ☒ NON-IMPOUND / TOW  
☐ AAA or OTHER ROADSIDE ASSISTANCE  
☐ EVIDENCE  
☐ SEIZED UNDER RCW 69.50.505  
☒ IMPOUND ONLY  
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD  
☐ DWLS IMPOUND WITH \_\_\_\_\_ DAY HOLD  
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.  
☐ REGISTERED OWNER MAY REDEEM \_\_\_\_\_

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

## VEHICLE INFORMATION

VIN 1 F T F W I E F 3 E F C 7 3 6 8 9			
LICENSE C22989D	STATE WA	YEAR 2014	MAKE FORD
MILEAGE <input checked="" type="checkbox"/> Digital unreadable		STYLE PU	MODEL F-150
<input type="checkbox"/> Report of Sale		COLOR BLK	

## DRIVER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

DOB

## REGISTERED OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

## LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

## AUTHORIZATION AND RECEIPT

ON THIS DATE OF 3/27/15 AT 1930 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE Rescue Towing (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM S DAVIS RD / CHAPPEL HILL RD

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE DaveDOL TOW TRUCK NO 5745 008DATE 3 27 15

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED	<input checked="" type="checkbox"/> FRONT SHADE DAMAGED AREA		
<input type="checkbox"/> KEYS [ ]	<input checked="" type="checkbox"/> R FRONT		
<input type="checkbox"/> AUTO STEREO	<input checked="" type="checkbox"/> R SIDE		
<input type="checkbox"/> AUDIO TAPES / CD'S [ ]	<input checked="" type="checkbox"/> R REAR		
<input type="checkbox"/> CB RADIO	<input checked="" type="checkbox"/> L FRONT		
<input type="checkbox"/> RADAR DETECTOR	<input checked="" type="checkbox"/> L SIDE		
<input type="checkbox"/> TRUNK LOCKED	<input type="checkbox"/> L REAR		
<input type="checkbox"/> SPARE TIRE	<input type="checkbox"/> REAR		
<input type="checkbox"/> JACK	<input type="checkbox"/> TOP		
<input type="checkbox"/> CHAINS	<input type="checkbox"/> UNDERCARRIAGE		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____		

## INVENTORY/EVIDENCE

## NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

DAMAGED IN COLLISION  
 NO N DAMAGE

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

[Signature] 132[Signature]

BADGE NO. 132

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X





Case # 15-816

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Wells</i>		Case Number <i>15-816</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>Collision</i>		Date/Time: <i>3-27-15</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification			

Item #  <i>Rm1</i>  Action # <i>3</i>	Item	Brand Name <i>Composition</i>	Storage Location	Disposition					
	Brand/Model/Caliber <i>Scene Photos</i>								
	Serial #	Where Found							
	Weight of Narcotic								
Owner's Name			Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									

Item #    Action #	Item	Brand Name	Storage Location	Disposition					
	Brand/Model/Caliber								
	Serial #	Where Found							
	Weight of Narcotic								
Owner's Name			Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									

Item #    Action #	Item	Brand Name	Storage Location	Disposition					
	Brand/Model/Caliber								
	Serial #	Where Found							
	Weight of Narcotic								
Owner's Name			Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									

Item #    Action #	Item	Brand Name	Storage Location	Disposition					
	Brand/Model/Caliber								
	Serial #	Where Found							
	Weight of Narcotic								
Owner's Name			Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									

Item #    Action #	Item	Brand Name	Storage Location	Disposition					
	Brand/Model/Caliber								
	Serial #	Where Found							
	Weight of Narcotic								
Owner's Name			Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									

Evidence Control Use Only:  

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File





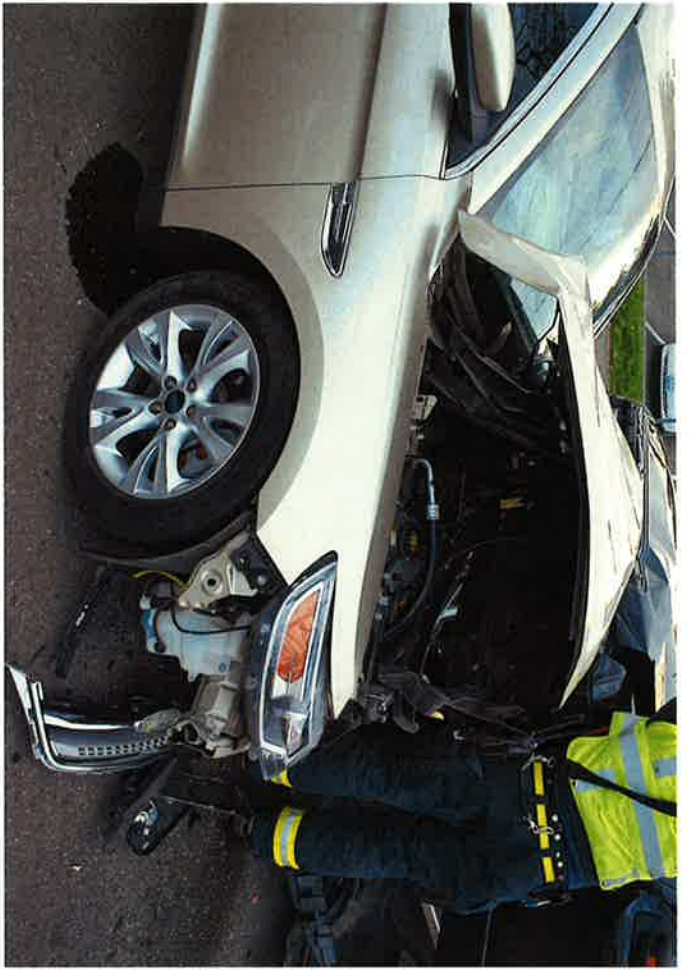
































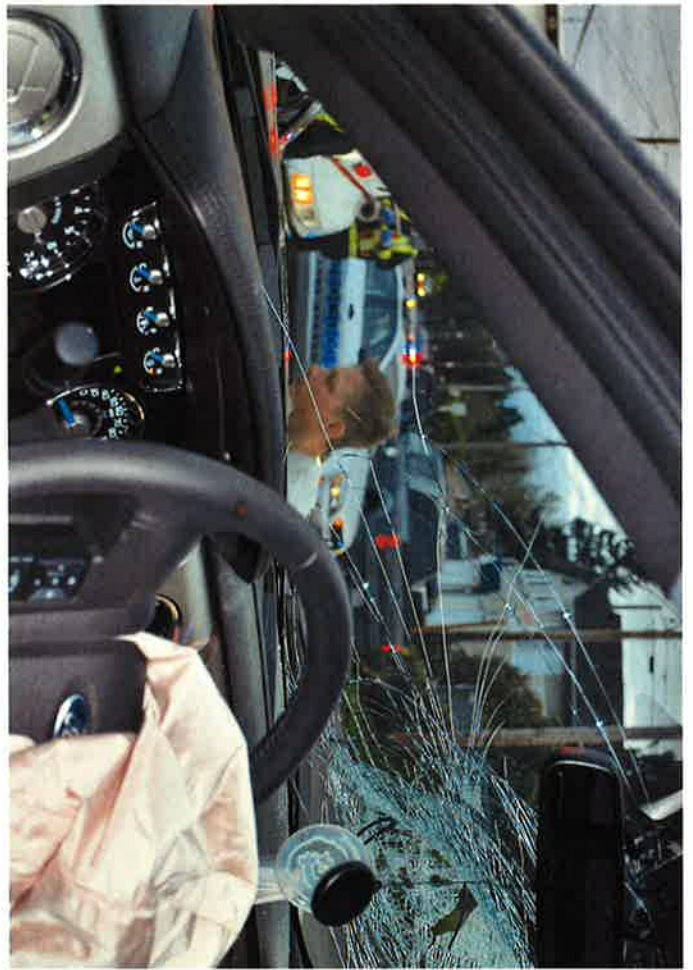




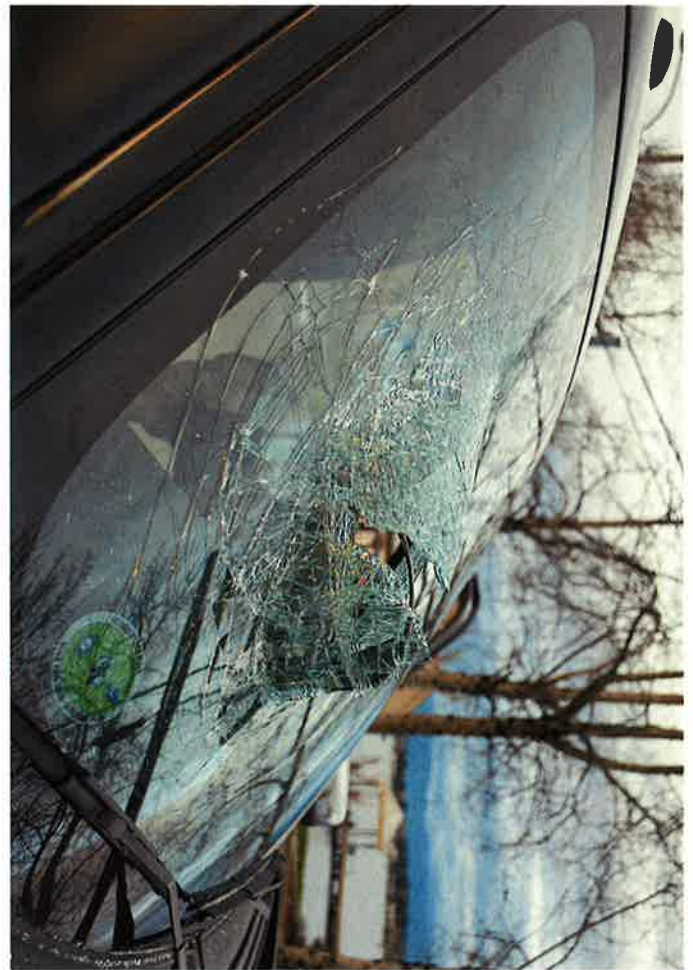








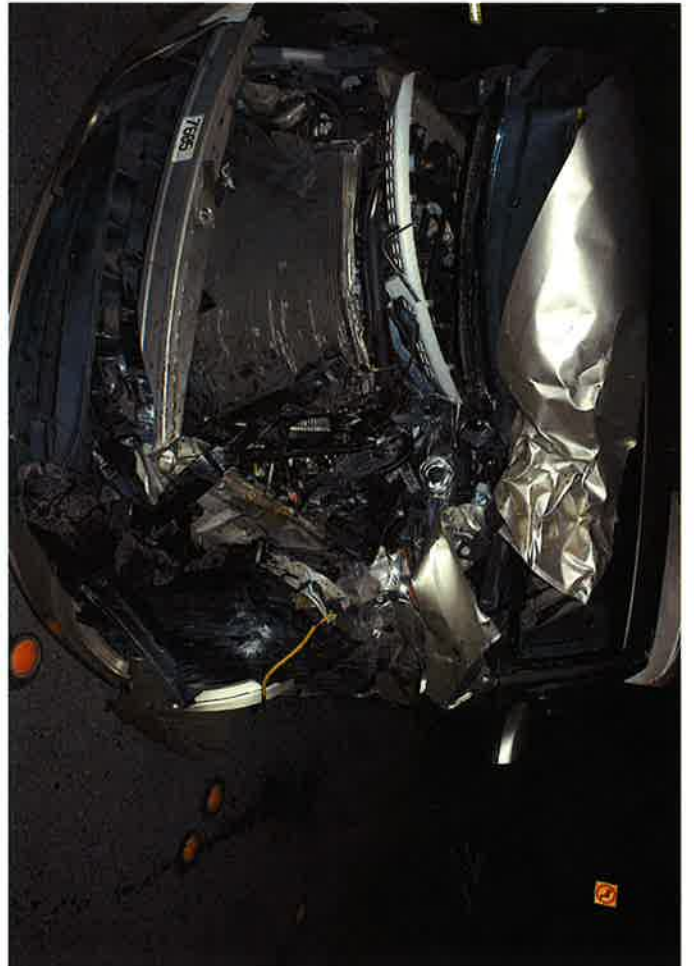
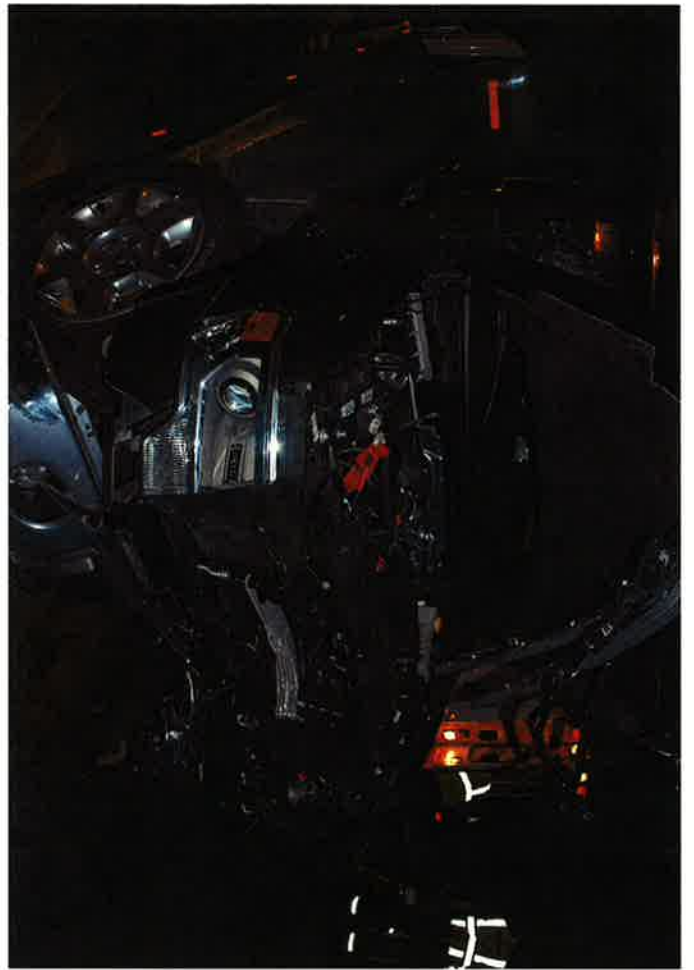


















Incident History for: #SS15005943 Xref: #S015048542 #AG15000845

Case Numbers: \$SS15000816

Entered 03/27/15 18:48:02 BY SPCT09 SP0338  
Dispatched 03/27/15 18:48:23 BY SPDP17 SP0386  
Enroute 03/27/15 18:48:23  
Onscene 03/27/15 18:49:28  
Closed 03/27/15 20:06:52

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS003 Fire BLK: AG1519 Map Page: 397G-2 Group: SS1 Beat: SOUT

Src: T

Loc: CHAPEL HILL RD/S DAVIES RD , LKS (V)

Loc Info:

Name: TYLER

Addr:

Phone: 4257507789

/1848 (SP0338) ENTRY , INJ ACC  
/1848 (SP0386) AGCADV , 19S13  
/1848 (SP0338) CROSS #AG15000845  
/1848 (SP0386) DISPER 19S13 #SS95 MINER, SGT (ROBERT)  
/1848 ASSTER 19N3 #SS132 KILROY, OFFICER (JOSH)  
/1848 (SP0338) SUPP TXT: CADDY VS F150, BLKING  
/1848 (SP0386) ASSTER 19N2 #SS131 WELLS, OFCR (CHAD)  
/1849 (SP0339) SUPP NAM: TYLER,  
PHO: 4257507789,  
TXT: TUNDRA VS SMALL PC BLKING,  
/1849 (SP0338) SUPP TXT: AIRBAG DEPLOYED, ONE MALE HEAD LACERATIONS,  
T-BONE  
/1849 (SP0386) ONSCNE 19N2  
/1849 (SP0338) SUPP NAM: F,  
ADR: WITNESS,  
PHO: 4252995588,  
TXT: RP HU UPON PD ARRIVAL  
/1849 (SP0137) SUPP NAM: FARDEN, MIKE,  
PHO: 4252752143,  
TXT: BLK F150 VS WHI TAURUS 2 PTS  
/1850 (SP0386) SUPP TXT: 19N2 ADV AIRBAG DEPLOYMENT, MALE HIT WINDSH  
IELD W/ FACE  
TXT: 19N2 ADV 5 OTHER INJURED AS WELL  
/1850 SUPP  
/1852 ONSCNE 19N3  
/1852 CHGLOC 19S13 [DAVIES]  
/1854 (SS95 ) \*ONSCNE 19S13  
/1855 (\*\*\*\*\*) REMINQ 19N2 728ZKB  
/1855 (SP0386) REMINQ 19N2 LIC, 19N2, 728ZKB, , ,  
/1855 (\*\*\*\*\*) REMINQ 19N2 C22989D  
/1855 (SP0386) REMINQ 19N2 LIC, 19N2, C22989D, , ,  
/1856 (SP0379) CROSS #S015048542  
/1857 (SP0386) ASNCAS 19N2 \$SS15000816  
/1859 ROTREQ 19N3 TOW 5745 LKS RESCUE TOWING  
4253345821  
/1900 MISC 19N3 , RESCUE TOWING ER W/ 2 TOWS  
/1922 MISC 19N3 , TOW OS  
/1932 (SS131 ) REMINQ 19N2 MDTVEH, 728ZKB, , WA, , , , , , , ,  
/1933 (SS132 ) REMINQ 19N3 MDTVEH, C22989D, , WA, , , , , , , ,  
/2004 (SP0386) CLEAR 19S13  
/2004 CLEAR 19N3  
/2006 CLEAR 19N2 D/H  
/2006 CLOSE 19N2

Incident History for: #SS15005943 Xref: #S015048542 #AG15000845

Case Numbers: \$SS15000816

Entered 03/27/15 18:48:02 BY SPCT09 SP0338  
Dispatched 03/27/15 18:48:23 BY SPDP17 SP0386  
Enroute 03/27/15 18:48:23  
Onscene 03/27/15 18:49:28  
Closed 03/27/15 20:06:52

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS003 Fire BLK: AG1519 Map Page: 397G-2 Group: SS1 Beat: SOUT

Src: T

Loc: CHAPEL HILL RD/S DAVIES RD ,LKS (V)

Loc Info:

Name: TYLER

Addr:

Phone: 4257507789

/1848 (SP0338) ENTRY , INJ ACC  
/1848 (SP0386) AGCADV , 19S13  
/1848 (SP0338) CROSS #AG15000845  
/1848 (SP0386) DISPER 19S13 #SS95 MINER, SGT (ROBERT)  
/1848 (SP0386) ASSTER 19N3 #SS132 KILROY, OFFICER (JOSH)  
/1848 (SP0338) SUPP TXT: CADDY VS F150, BLKING  
/1848 (SP0386) ASSTER 19N2 #SS131 WELLS, OFCR (CHAD)  
/1849 (SP0339) SUPP NAM: TYLER,  
PHO: 4257507789,  
TXT: TUNDRA VS SMALL PC BLKING,  
/1849 (SP0338) SUPP TXT: AIRBAG DEPLOYED, ONE MALE HEAD LACERATIONS,  
T-BONE  
/1849 (SP0386) ONSCNE 19N2  
/1849 (SP0338) SUPP NAM: F,  
ADR: WITNESS,  
PHO: 4252995588,  
TXT: RP HU UPON PD ARRIVAL  
/1849 (SP0137) SUPP NAM: FARDEN, MIKE,  
PHO: 4252752143,  
TXT: BLK F150 VS WHI TAURUS 2 PTS  
/1850 (SP0386) SUPP TXT: 19N2 ADV AIRBAG DEPLOYMENT, MALE HIT WINDSH  
IELD W/ FACE  
TXT: 19N2 ADV 5 OTHER INJURED AS WELL  
/1850 SUPP  
/1852 ONSCNE 19N3  
/1852 CHGLOC 19S13 [DAVIES]  
/1854 (SS95 ) \*ONSCNE 19S13  
/1855 (\*\*\*\*\*) REMINQ 19N2 728ZKB  
/1855 (SP0386) REMINQ 19N2 LIC, 19N2, 728ZKB, , ,  
/1855 (\*\*\*\*\*) REMINQ 19N2 C22989D  
/1855 (SP0386) REMINQ 19N2 LIC, 19N2, C22989D, , ,  
/1856 (SP0379) CROSS #S015048542  
/1857 (SP0386) ASNCAS 19N2 \$SS15000816  
/1859 ROTREQ 19N3 TOW 5745 LKS RESCUE TOWING  
4253345821  
/1900 MISC 19N3 , RESCUE TOWING ER W/ 2 TOWS  
/1922 MISC 19N3 , TOW OS  
/1932 (SS131 ) REMINQ 19N2 MDTVEH, 728ZKB, , WA, , , , , , , , ,  
/1933 (SS132 ) REMINQ 19N3 MDTVEH, C22989D, , WA, , , , , , , , ,  
/2004 (SP0386) CLEAR 19S13  
/2004 CLEAR 19N3  
/2006 CLEAR 19N2 D/H  
/2006 CLOSE 19N2